

3

Work Order ID 147872

Friday, June 17, 2016 8:23:29 AM

\*147872\*

Page 1

Item ID: D350-607-511

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Quick Release Basket and Long Cargo Tube Mounting Provisions, Fits LH or RH

Start Date: 6/21/2016 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 6/29/2016 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: MCS Date: JUN 17 2016

Tooling:

Date:

Run Start

\*NR1\*

QC: Date: SPC (Y/N):

Date:

Stop

\*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr   | Revision Nbr |
|------------|--------------|
| D350-607-4 | C            |
| DSI9699    | A            |

DAS  
21  
9-89

160624

100

Document Control

DOCUMENT CONTROL

68-6  
0.00  
SV 9-89

\*100\*

DC

Memo

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile & type labels per PPP D350-607-511 CHG006

DAS  
27  
9-89

JUL 18 2016

140

Pick Kit

0.00

\*140\*

Packaging

Memo

0.00

Packaging

2

JUL 08 2016

DAS  
6  
9-89

Signature

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |

**Work Order ID 147872**

Friday, June 17, 2016 8:23:29 AM

**\*147872\***

Page 2

Item ID: D350-607-511

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Quick Release Basket and Long Cargo Tube Mounting Provisions, Fits LH or RH

Stop **\*NS2\***Start Date: 6/21/2016 Start Qty: 2.00 **\*2\***

Cust Item ID:

Required Date: 6/29/2016 Req'd Qty: 2.00 **\*2\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

150 QC4- 100% Inspect kits for completeness 0.00

**\*150\***

QC

Memo

0.01

Quality Control

X2  
DAS  
27  
9-89  
JUL 18 2016

160 Packaging 0.00

**\*160\***

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-607-511

Location: \_\_\_\_\_  
fg 128X2  
DAS  
27  
9-89  
JUL 18 2016

170 QC21- Final Inspection - Work Order Release 0.00

**\*170\***

QC

Memo

0.03

Quality Control

DAS  
21  
9-89  
JUL 18 2016  
em 16/07/18

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  | Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                      | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |                       |                                                                                                                    |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |                                     |                                    |                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

# Picklist Print

Friday, June 17, 2016 8:23:34 AM

Page 1

Work Order ID: 147872

**\*147872\***

Parent Item: D350-607-511

**\*D350-607-511\***

Parent Item Name: Quick Release Basket and Long Cargo Tube Mounting Provisions, Fits LH or RH

Start Date: 6/21/2016

Required Date: 6/29/2016

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A NEW ISSUE 10-06-28 JLM VERIFIED BY: LL IPP  
REV:B 13.12.30 PER RE.C ECN13-672 DD VERF:RQ IPP REV:C  
14.06.09 AS PER ECN14-572 DD VERF:JLM

| Component Item ID/<br>Item Name                                         | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|-------------------------------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D3910-7<br><b>*D3910-7*</b><br>Crosstube Lug<br>DAS<br>27<br>9-89       |                        | Manufactured  | No          |                     |                  |                 | Each               | 17.0000        | 2           |              |               |                |        |
| <div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div> |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>ST524</div> <div>17</div> <div></div> </div>                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>140761</div> <div>17</div> <div></div> </div>                |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| D3501-1<br><b>*D3501-1*</b><br>Bushing<br>DAS<br>27<br>9-89             |                        | Manufactured  | No          |                     |                  | 140             | Each               | 102.0000       | 8           | 16           |               |                |        |
| <div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div> |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>ST039</div> <div>102</div> <div></div> </div>                |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>145089</div> <div>1</div> <div></div> </div>                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>145999</div> <div>101</div> <div></div> </div>               |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| D3910-3<br><b>*D3910-3*</b><br>X-Tube Lug<br>DAS<br>27<br>9-89          |                        | Manufactured  | No          |                     |                  | 140             | Each               | 9.0000         | 2           | 4            |               |                |        |
| <div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div> |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>ST523</div> <div>9</div> <div></div> </div>                  |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>141697</div> <div>9</div> <div></div> </div>                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| D3910-5<br><b>*D3910-5*</b><br>Crosstube Lug<br>DAS<br>27<br>9-89       |                        | Manufactured  | No          |                     |                  | 140             | Each               | 17.0000        | 1           | 2            |               |                |        |
| <div> <div>Location</div> <div>Loc Qty</div> <div>Loc Code</div> </div> |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>ST524</div> <div>17</div> <div></div> </div>                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>139667</div> <div>1</div> <div></div> </div>                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| <div> <div>142575</div> <div>16</div> <div></div> </div>                |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

JUL 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                |                                               |                       |  |                                                 |
|--------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-----------------------|--|-------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Rework <input type="checkbox"/><br/>             Scrap <input type="checkbox"/><br/>             Use-as-is <input type="checkbox"/><br/>             Suspected Unapproved <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b>              |                                               |                       |  |                                                 |
| Date :                                                       |                                                | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | QTY Effective :                                |                                               | MRB (QSI042) Approval |  |                                                 |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | Disposition                                    |                                               |                       |  |                                                 |
|                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                |                                               |                       |  | Completed By                                    |
|                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                |                                               |                       |  | Lead hand / Supervisor<br>Approval Verification |
|                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                |                                               |                       |  | QC / QA Coordinator<br>Approval                 |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                |                                               |                       |  |                                                 |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |                       |  |                                                 |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |                       |  |                                                 |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |                       |  |                                                 |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |                       |  |                                                 |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |                       |  |                                                 |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |                       |  |                                                 |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |                       |  |                                                 |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |                       |  |                                                 |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |                       |  |                                                 |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |                       |  |                                                 |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                |                                               |                       |  |                                                 |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                |                                               |                       |  |                                                 |

# Picklist Print

Friday, June 17, 2016 8:23:34 AM

Page 2

Work Order ID: 147872

**\*147872\***

Parent Item: D350-607-511

**\*D350-607-511\***

Parent Item Name: Quick Release Basket and Long Cargo Tube Mounting Provisions, Fits LH or RH

Start Date: 6/21/2016

Required Date: 6/29/2016

Start Qty: 2.00

Required Qty: 2.00

D3984

Manufactured No

140 f

185.0000

2 4

**\*D3984\***

Rubber Extrusion, X-Tube, Per Foot

\*\*

145993

DAS  
6  
9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST413

15.5

139666

15.5

ST625

169.5

140331

169.5

D4148-041

Manufactured No

140 Each

9.0000

1 2

**\*D4148-041\***

Fwd Crosstube Lug Assembly

\*\*

DAS  
6  
9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST539

5

143347

1

145914

4

ST539A

4

145915

4

D4149-041

Manufactured No

140 Each

1.0000

1 2

**\*D4149-041\***

Aft X-Tube Lug Ass'Y

\*\*

145932

DAS  
6  
9-89

JUL 08 2016

DAS  
27  
9-89

Location

Loc Qty

Loc Code

ST539

1

143351

1

D4775-041

Manufactured No

140 Each

0.0000

2 4

**\*D4775-041\***

Strut Assembly

\*\*

145988

DAS  
6  
9-89

JUL 17 2016

DAS  
27  
9-89

Friday, June 17, 2016 8:23:34 AM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |                       |                                                                                                                    |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



# Picklist Print

Friday, June 17, 2016 8:23:34 AM

Page 3

Work Order ID: 147872

**\*147872\***

Parent Item: D350-607-511

**\*D350-607-511\***

Parent Item Name: Quick Release Basket and Long Cargo Tube Mounting Provisions, Fits LH or RH

Start Date: 6/21/2016

Required Date: 6/29/2016

Start Qty: 2.00

Required Qty: 2.00

D4776-3

Manufactured No

140

Each

1.0000

2 4

**\*D4776-3\***

Skidtube Clevis

\*\*

1468270

8

DAS

27

AN4-14A 9-89

Purchased

No

140

Each

287.0000

20 40

**\*AN4-14A\***

Bolt

\*\*

134943

DAS

6

9-89

## Location

## Loc Qty

## Loc Code

ST124

1

144622

1

## Location

## Loc Qty

## Loc Code

FG

5

122141

5

over003

250

M134754

100

M134943

150

ST344

32

M134573

32

AN4-42A

Purchased

No

140

Each

55.0000

4 8

**\*AN4-42A\***

Bolt

\*\*

## Location

## Loc Qty

## Loc Code

over003

25

M134943

25

ST341

30

M134573

30

DAS

27

9-89

DAS

6

9-89

JUL 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                   |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | Completed By                                                                                                      |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QC / QA Coordinator<br>Approval               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                   |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                   |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                   |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                   |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                   |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                   |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                   |  |  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| <b>Description Work Order Deviation</b>                      |  |                                                                                                                                                                                    |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>Completed By</b><br><br>_____                                                                                  |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>Lead hand / Supervisor</b><br><b>Approval Verification</b><br><br>_____                                        |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>QC / QA Coordinator</b><br><b>Approval</b><br><br>_____                                                        |  |  |

| Root Cause                                  |                          |                                                |                          | FAULT CATEGORY                                                                                |                          |                                                            |                          |
|---------------------------------------------|--------------------------|------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------------|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>    | <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                      | <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/>                  | <input type="checkbox"/> |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator <input type="checkbox"/>              | <input type="checkbox"/> | Bending <input type="checkbox"/>                                                              | <input type="checkbox"/> | Set-up <input type="checkbox"/>                            | <input type="checkbox"/> |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>          | <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/>                                                | <input type="checkbox"/> | BOM/Route <input type="checkbox"/>                         | <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier <input type="checkbox"/>              | <input type="checkbox"/> | Cracks <input type="checkbox"/>                                                               | <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/>              | <input type="checkbox"/> |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training <input type="checkbox"/>              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                               | <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | <input type="checkbox"/> |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>       | <input type="checkbox"/> | Cuffs <input type="checkbox"/>                                                                | <input type="checkbox"/> | Contamination <input type="checkbox"/>                     | <input type="checkbox"/> |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | <input type="checkbox"/> | Crushing <input type="checkbox"/>                                                             | <input type="checkbox"/> | Countersink <input type="checkbox"/>                       | <input type="checkbox"/> |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing <input type="checkbox"/>               | <input type="checkbox"/> | Heat Treat <input type="checkbox"/>                                                           | <input type="checkbox"/> | Cut Too Short <input type="checkbox"/>                     | <input type="checkbox"/> |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>   | <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/>                                                   | <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/>   | <input type="checkbox"/> |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>   | <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/>                                                        | <input type="checkbox"/> | Drill Holes <input type="checkbox"/>                       | <input type="checkbox"/> |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | <input type="checkbox"/> | <b>OTHER :</b><br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |                          |                                                            |                          |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due <input type="checkbox"/>              | <input type="checkbox"/> |                                                                                               |                          |                                                            |                          |

# Picklist Print

Friday, June 17, 2016 8:23:34 AM

Page 5

Work Order ID: 147872

**\*147872\***

Parent Item: D350-607-511

**\*D350-607-511\***

Parent Item Name: Quick Release Basket and Long Cargo Tube Mounting Provisions, Fits LH or RH

Start Date: 6/21/2016

Required Date: 6/29/2016

Start Qty: 2.00

Required Qty: 2.00

NAS1149F0432P

Purchased

No

140

Each

1,738.000

40

80

**\*NAS1149F0432P\***

WASHER

**\*\***

DAS

6

9-89

DAS

27

9-89

Location

Loc Qty

Loc Code

ST260a

1000

M134955

1000

ST262

617

M134502

617

st268

121

M132677

121

NAS1149F0663P

Purchased

No

140

Each

170.0000

4

8

**\*NAS1149F0663P\***

WASHER

**\*\***

DAS

6

9-89

Location

Loc Qty

Loc Code

ST262

170

M134365

170

DAS

27

9-89

JUL 08 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Lead hand / Supervisor Approval Verification                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | QC / QA Coordinator Approval                                                                                      |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | <b>OTHER :</b> _____                            |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS D350-607-3 Rev.D,  
INSTALLATION INSTRUCTIONS D350-607-4 Rev. C AND  
INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D350-607 REV. 6

REF TCCA STC: SH94-14  
REF FAA STC: SR00213NY  
REF EASA STC: EASA.10016996  
REF BRAZILIAN STC: 2007S03-03/-04/-05/-06

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SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 147832-145  
1606-17

## 1.0 PURPOSE

This service instruction provides parts and instructions to facilitate installation of forward Basket Strut for customers that have purchased: D350-607-501 Conversion Kit @ CHG 004, D350-607-511 Quick Release Basket Mounting Kit @ CHG 004, D350-607-541 @ CHG 006, D350-607-543 @ CHG 007, D350-607-545 @ CHG 006, D350-607-547 @ CHG 007 Heli-Utility-Baskets as well as the D350-607-431 Strut Retrofit Kit and the D350-607-641 Long Cargo Tube @ CHG 001.

## 2.0 PARTS LIST:

Modify the quantities for D3910-5 and add D3910-7 as follows:

| QTY<br>-541 | QTY<br>-543 | QTY<br>-545 | QTY<br>-547 | QTY<br>-511 | QTY<br>-501 | PART NUMBER  | DESCRIPTION                                          |
|-------------|-------------|-------------|-------------|-------------|-------------|--------------|------------------------------------------------------|
| X           |             |             |             |             |             | D350-607-541 | HELI-UTILITY-BASKET @ CHG 007 OR LATER               |
|             | X           |             |             |             |             | D350-607-543 | HELI-UTILITY-BASKET @ CHG 008 OR LATER               |
|             |             | X           |             |             |             | D350-607-545 | HELI-UTILITY-BASKET @ CHG 007 OR LATER               |
|             |             |             | X           |             |             | D350-607-547 | HELI-UTILITY-BASKET @ CHG 005 OR LATER               |
| 1           | 1           | 1           | 1           | X           |             | D350-607-511 | QUICK RELEASE BASKET MOUNTING KIT @ CHG 005 OR LATER |
|             |             |             |             |             | X           | D350-607-501 | CONVERSION KIT @ CHG 005 OR LATER                    |
|             |             |             |             | 1           | 1           | D3910-5      | X-TUBE LUG                                           |
|             |             |             |             | 1           | 1           | D3910-7      | X-TUBE LUG                                           |

(ADD)

| QTY<br>-413 | QTY<br>-415 | QTY<br>-417 | QTY<br>-419 | QTY<br>-431 | PART NUMBER  | DESCRIPTION                           |
|-------------|-------------|-------------|-------------|-------------|--------------|---------------------------------------|
| X           |             |             |             |             | D350-607-413 | HEAVY DUTY LID KIT (LONG)             |
|             | X           |             |             |             | D350-607-415 | HEAVY DUTY LID KIT (SHORT)            |
|             |             | X           |             |             | D350-607-417 | LIGHTWEIGHT LID KIT (LONG)            |
|             |             |             | X           |             | D350-607-419 | LIGHTWEIGHT LID KIT (SHORT)           |
|             |             |             |             | X           | D350-607-431 | STRUT RETROFIT KIT @ CHG 005 OR LATER |
|             |             |             |             | 1           | D3910-5      | X-TUBE LUG                            |
|             |             |             |             | 1           | D3910-7      | X-TUBE LUG                            |

(ADD)

| QTY<br>-641 | QTY<br>-611 | QTY<br>-511 | QTY<br>-431 | PART NUMBER  | DESCRIPTION                                          |
|-------------|-------------|-------------|-------------|--------------|------------------------------------------------------|
| X           |             |             |             | D350-607-641 | QUICK RELEASE LONG CARGO TUBE                        |
| 1           | X           |             |             | D350-607-611 | LONG CARGO TUBE                                      |
| 1           |             | X           |             | D350-607-511 | QUICK RELEASE BASKET MOUNTING KIT @ CHG 005 OR LATER |
|             |             |             | X           | D350-607-431 | STRUT RETROFIT KIT @ CHG 005 OR LATER                |
|             |             | 1           | 1           | D3910-5      | X-TUBE LUG                                           |
|             |             | 1           | 1           | D3910-7      | X-TUBE LUG                                           |

(ADD)

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY:

D. SHEPHERD (DE # 02)

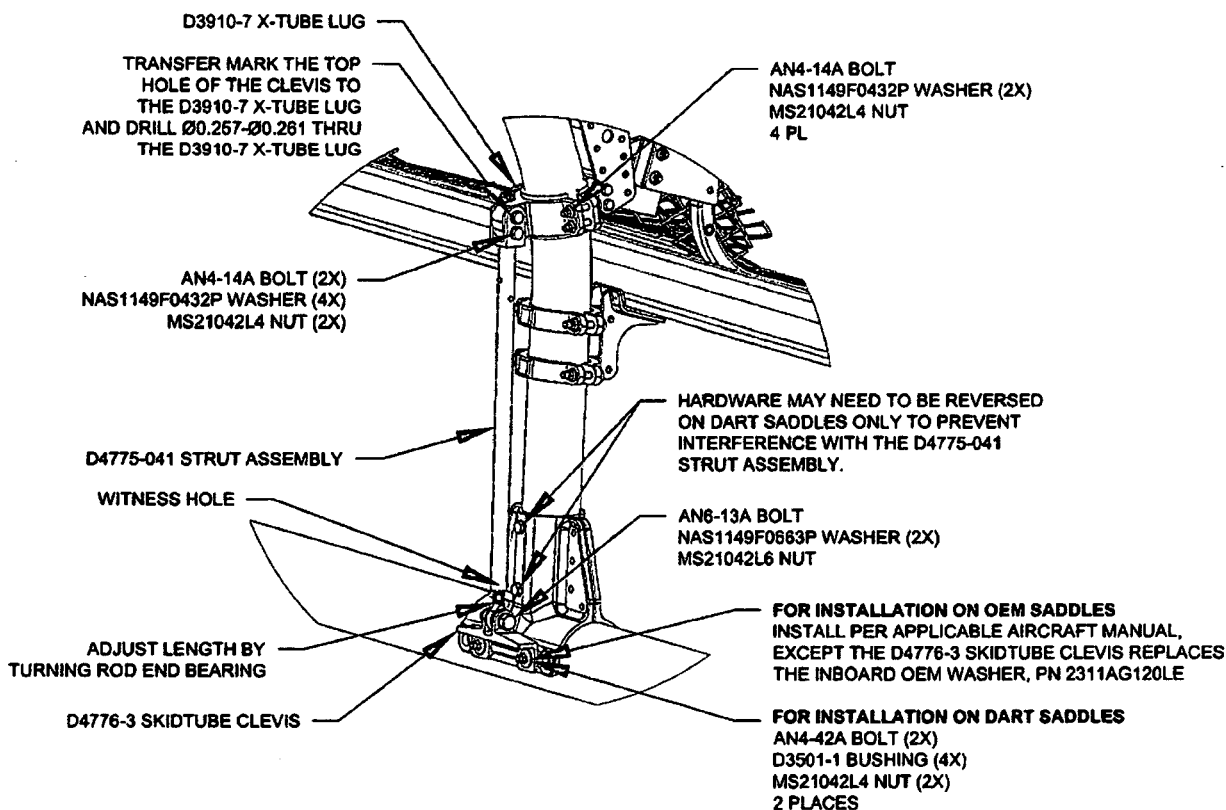
DATE: 14.05.16  
CERT. NO.: SH94-14  
ISSUE NO.: 6

|            |             |                                                                                                                                                                                                                                                                          |              |
|------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE   | AJS                                                                                                                                                                                                                                                                      | 14.05.16     |
| REV.       | DESCRIPTION | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | AJS         | DART AEROSPACE LTD                                                                                                                                                                                                                                                       |              |
| DRAWN      | AJS         | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                              |              |
| CHECKED    |             | DRAWING NO.                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR. | N/A         | DSI 9699                                                                                                                                                                                                                                                                 | SHEET 1 OF 2 |
| APPROVED   |             | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |             | LUG REPLACEMENT                                                                                                                                                                                                                                                          | NTS          |
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### 3.0 PROCEDURE:

Install the D350-607-501 Conversion Kit, D350-607-511 Quick Release Mounting Kit or D350-607-431 Strut retrofit kit per Installation Instructions D350-607-3 Rev. D or D350-607-4 Rev. C. While installing the Forward Strut perform the following:

- 3.1 Substitute the Forward Lower D3910-5 X-Tube Lug with the D3910-7 X-Tube Lug as shown in Figure 1.
- 3.2 Install the forward D4775-041 Strut Assembly. Transfer mark from the upper hole on the clevis of the D4775-041 Strut Assembly to the D3910-7 X-tube Lug and drill thru the lug  $\varnothing 0.257$ - $\varnothing 0.261$  as shown in Figure 1. Touch up chemical conversion coating per MIL-DTL-5541. Check the witness holes located at the bottom end of the D4775-041 Strut Assemblies to ensure that the thread from the rod end extends past the witness hole.  
**Torque MS21042L4/-4 nuts to 50-70 in-lbs (5.7-7.9 N-m). Torque MS21042L6/-6 nuts to 160-190 in-lbs (18.1-21.5 N-m).**
- 3.3 Complete the installation in accordance with Installation Instructions D350-607-3 Rev. D or D350-607-4 Rev. C.



**FIGURE 1: INSTALLATION OF D4775-041 FWD STRUT**

### 4.0 WEIGHT AND BALANCE:

There is no weight and balance change associated with this update.

CANADA  
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DAO # 01-O-01

APPROVED  
BY: *[Signature]*  
D. SHEPHERD (DE # 02)

DATE: 14.05.16  
CERT. NO.: SH94-14  
ISSUE NO.: 6

|            |                                                                                     |                                                                                                                                                                                                                                                                          |              |
|------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS                                                                                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      | AJS                                                                                 |                                                                                                                                                                                                                                                                          |              |
| CHECKED    |  | DRAWING NO.                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR. | N/A                                                                                 | DSI 9699                                                                                                                                                                                                                                                                 | SHEET 2 OF 2 |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |  | LUG REPLACEMENT                                                                                                                                                                                                                                                          | NTS          |
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## 5.0 PARTS LIST

| QTY<br>-641 | QTY<br>-611 | QTY<br>-511 | QTY<br>-431 | PART NUMBER   | DESCRIPTION                       |
|-------------|-------------|-------------|-------------|---------------|-----------------------------------|
| X           |             |             |             | D350-607-641  | QUICK RELEASE LONG CARGO TUBE     |
| 1           | X           |             |             | D350-607-611  | LONG CARGO TUBE                   |
| 1           |             | X           |             | D350-607-511  | QUICK RELEASE BASKET MOUNTING KIT |
|             |             |             | X           | D350-607-431  | STRUT RETROFIT KIT                |
|             |             | 8           | 8           | D3501-1       | BUSHING                           |
|             |             | 2           |             | D3910-3       | X-TUBE LUG                        |
|             |             | 2           | 2           | D3910-5       | X-TUBE LUG                        |
|             | 1           |             |             | D3912-041     | EYEBOLT RECEIVER ASSY             |
|             | 4           |             |             | D3917-3       | WASHER                            |
|             |             | 8           | 4           | D3984-030     | RUBBER EXTRUSION, X-TUBE          |
|             |             | 1           |             | D4148-041     | FWD X-TUBE LUG ASSY               |
|             |             | 1           |             | D4149-041     | AFT X-TUBE LUG ASSY               |
|             | 1           |             |             | D4151-043     | BASKET FWD HARDPOINT ASSY (UPPER) |
|             |             | 2           | 2           | D4775-041     | STRUT ASSEMBLY                    |
|             |             | 2           | 2           | D4776-3       | SKIDTUBE CLEVIS                   |
|             | 1           |             |             | D4874-041     | CARGO TUBE ASSEMBLY               |
|             | 1           |             |             | D4875-043     | CARGO TUBE AFT STRUT              |
|             | 1           |             |             | D4875-045     | FWD ATTACHMENT CLEVIS             |
|             |             |             | 1           | D4917-300     | PLACARD MAX LOAD                  |
|             |             |             | 1           | D4917-310     | PLACARD MAX LOAD                  |
|             |             |             | 1           | D4917-315     | PLACARD, MAX LOAD                 |
|             |             |             | 1           | D4917-320     | PLACARD, MAX LOAD                 |
|             |             |             | 1           | D4917-332     | PLACARD, MAX LOAD                 |
|             | 1           |             |             | D5028-041     | PLUG ASSEMBLY                     |
|             | 1           |             |             | D5031-041     | LOCK PIN ASSY                     |
|             | 2           |             |             | AN310-4       | CASTLE NUT                        |
|             | 2           |             |             | AN4-11        | BOLT                              |
|             | 4           |             |             | AN4-13A       | BOLT                              |
|             |             | 20          | 12          | AN4-14A       | BOLT                              |
|             |             | 4           | 4           | AN4-42A       | BOLT                              |
|             |             | 2           | 2           | AN6-13A       | BOLT                              |
|             | 4           | 24          | 16          | MS21042L4     | NUT                               |
|             |             | 2           | 2           | MS21042L6     | NUT                               |
|             | 2           |             |             | MS24665-151   | COTTER PIN                        |
|             | 20          | 40          | 24          | NAS1149F0432P | WASHER                            |
|             |             | 4           | 4           | NAS1149F0663P | WASHER                            |

# REFERENCE ONLY

## DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS D350-607-3 Rev.D,  
INSTALLATION INSTRUCTIONS D350-607-4 Rev. C AND  
INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D350-607 REV. 6

REF TCCA STC: SH94-14

REF FAA STC: SR00213NY

REF EASA STC: EASA.10016996

REF BRAZILIAN STC: 2007S03-03/-04/-05/-06

### 1.0 PURPOSE

This service instruction provides parts and instructions to facilitate installation of forward Basket Strut for customers that have purchased: D350-607-501 Conversion Kit @ CHG 004, D350-607-511 Quick Release Basket Mounting Kit @ CHG 004, D350-607-541 @ CHG 006, D350-607-543 @ CHG 007, D350-607-545 @ CHG 006, D350-607-547 @ CHG 007 Heli-Utility-Baskets as well as the D350-607-431 Strut Retrofit Kit and the D350-607-641 Long Cargo Tube @ CHG 001.

### 2.0 PARTS LIST:

Modify the quantities for D3910-5 and add D3910-7 as follows:

| QTY<br>-541 | QTY<br>-543 | QTY<br>-545 | QTY<br>-547 | QTY<br>-511 | QTY<br>-501 | PART NUMBER  | DESCRIPTION                                          |
|-------------|-------------|-------------|-------------|-------------|-------------|--------------|------------------------------------------------------|
| X           |             |             |             |             |             | D350-607-541 | HELI-UTILITY-BASKET @ CHG 007 OR LATER               |
|             | X           |             |             |             |             | D350-607-543 | HELI-UTILITY-BASKET @ CHG 008 OR LATER               |
|             |             | X           |             |             |             | D350-607-545 | HELI-UTILITY-BASKET @ CHG 007 OR LATER               |
|             |             |             | X           |             |             | D350-607-547 | HELI-UTILITY-BASKET @ CHG 005 OR LATER               |
| 1           | 1           | 1           | 1           | X           |             | D350-607-511 | QUICK RELEASE BASKET MOUNTING KIT @ CHG 005 OR LATER |
|             |             |             |             |             | X           | D350-607-501 | CONVERSION KIT @ CHG 005 OR LATER                    |
|             |             |             |             | 1           | 1           | D3910-5      | X-TUBE LUG                                           |
|             |             |             |             | 1           | 1           | D3910-7      | X-TUBE LUG                                           |

(ADD)

| QTY<br>-413 | QTY<br>-415 | QTY<br>-417 | QTY<br>-419 | QTY<br>-431 | PART NUMBER  | DESCRIPTION                           |
|-------------|-------------|-------------|-------------|-------------|--------------|---------------------------------------|
| X           |             |             |             |             | D350-607-413 | HEAVY DUTY LID KIT (LONG)             |
|             | X           |             |             |             | D350-607-415 | HEAVY DUTY LID KIT (SHORT)            |
|             |             | X           |             |             | D350-607-417 | LIGHTWEIGHT LID KIT (LONG)            |
|             |             |             | X           |             | D350-607-419 | LIGHTWEIGHT LID KIT (SHORT)           |
|             |             |             |             | X           | D350-607-431 | STRUT RETROFIT KIT @ CHG 005 OR LATER |
|             |             |             |             | 1           | D3910-5      | X-TUBE LUG                            |
|             |             |             |             | 1           | D3910-7      | X-TUBE LUG                            |

(ADD)

| QTY<br>-641 | QTY<br>-611 | QTY<br>-511 | QTY<br>-431 | PART NUMBER  | DESCRIPTION                                          |
|-------------|-------------|-------------|-------------|--------------|------------------------------------------------------|
| X           |             |             |             | D350-607-641 | QUICK RELEASE LONG CARGO TUBE                        |
| 1           | X           |             |             | D350-607-611 | LONG CARGO TUBE                                      |
| 1           |             | X           |             | D350-607-511 | QUICK RELEASE BASKET MOUNTING KIT @ CHG 005 OR LATER |
|             |             |             | X           | D350-607-431 | STRUT RETROFIT KIT @ CHG 005 OR LATER                |
|             |             | 1           | 1           | D3910-5      | X-TUBE LUG                                           |
|             |             | 1           | 1           | D3910-7      | X-TUBE LUG                                           |

(ADD)

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DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY:   
D. SHEPHERD (DE # 02)

DATE: 14.05.16  
CERT. NO.: SH94-14  
ISSUE NO.: 6

|            |                                                                                     |                                                                                                                                                                                                                                                                          |              |
|------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE                                                                           | AJS                                                                                                                                                                                                                                                                      | 14.05.16     |
| REV.       | DESCRIPTION                                                                         | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | AJS                                                                                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |              |
| DRAWN      | AJS                                                                                 |                                                                                                                                                                                                                                                                          |              |
| CHECKED    |  | DRAWING NO.                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR. | N/A                                                                                 | DSI 9699                                                                                                                                                                                                                                                                 | SHEET 1 OF 2 |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |  | LUG REPLACEMENT                                                                                                                                                                                                                                                          | NTS          |
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